

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 58

Primary Registration District No. 5212 Registrar's No. 26

**63-043172**

**FILED DEC 8 1963**  
1. PLACE OF DEATH  
a. COUNTY Carter

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Missouri b. COUNTY Carter

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN Carter Length of stay in 1b 8 years

c. CITY OR TOWN Van Buren Inside Limits Yes ☐ No ☒

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION Residence 3 mi. N.E. Van Buren Inside Limits Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location)  
Gen. Del. Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Middle Last  
Curtiss Dean Sanders

4. DATE OF DEATH Month Day Year  
Dec. 1, 1963

5. SEX Male

6. COLOR OR RACE White

7. Married ☐ Never Married ☒  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH 4-26-1955 9. AGE (last birthday) 8  
IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of life, even if retired)  
Student

10b. KIND OF BUSINESS OR INDUSTRY  
None

11. BIRTHPLACE (City and state or country)  
Van Buren, Mo.

12. CITIZEN OF WHAT COUNTRY  
U.S.A.

13a. FATHER'S NAME  
James Sanders

13b. MOTHER'S MAIDEN NAME  
Ancil Cowin

14. NAME OF HUSBAND OR WIFE  
None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)  
No

16. SOCIAL SECURITY NO. [redacted] 17. INFORMANT Address  
James Sanders Van Buren, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Multiple fractures skull, neck, and right Tibia- Internal Injuries to chest and Abdomen-

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE  
☒ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)  
Ran into moving car on Highway 60

20c. TIME OF DEATH Hour Minute p.m.  
12:10 Dec. 1, 1963

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  
Highway 60

20f. CITY, TOWN, OR LOCATION COUNTY STATE  
3 miles N.E. of Van Buren Carter Mo.

21. I attended the deceased from 12:10 P. to \_\_\_\_\_ and last saw her alive on \_\_\_\_\_  
Death occurred at \_\_\_\_\_ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)  
Coleman McSpadden

22b. ADDRESS  
Van Buren, Mo

22c. DATE SIGNED  
12-2-63

23a. BURIAL, CREMATION, or other disposition (Specify)  
Burial

23b. DATE  
Dec. 3, 1963

23c. NAME OF CEMETERY OR CREMATORY  
Van Buren

23d. LOCATION (City, town, or county) (State)  
Van Buren, Mo.

24. FUNERAL DIRECTOR ADDRESS  
McSpadden Van Buren, Mo.

25. DATE RECD. BY LOCAL REG.  
Dec. 6 - 63

26. REGISTRAR'S SIGNATURE  
Mrs Ota Henson

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JAN 7 1964

# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Allen C. McPherson

Licensed Embalmer No. 4543

P. O. Address Van Buren, MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.